

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	75891	6/24
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		
FORMALITY REVIEW	<i>[Signature]</i>	64934	8/400
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	64934	11 2000

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
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